

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION BOARD OF ELECTRICAL EXAMINERS

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE

Enter Name and Address of Contact to Whom Resp	oonse Should Be Mailed:			
	_ _			
Γ	<u> </u>			
	INSTRUCTIONS			
Submit this form <i>no later than ten business day</i> following:	Submit this form no later than ten business days before the Board's meeting to the address above. Enclose the following:			
 Course outline, brochure, agenda sho CV (curriculum vitae) or resume of the If request is submitted by a course pr Delaware" is required. If a Delaware I 	ne instructor rovider, a fee of \$35 by ched	ck or money order payable t		
	R COMPLETES THIS SEC	CTION		
Requester (check one): Course Provider D				
If you are a Delaware Licensee requesting approval				
Your Name:		Delaware License #: T	-	
Address:Street	City	State	Zip code	
Name of Course Provider:	•		—·r	
Contact Person:				
Provider Address:				
Street	City	State	Zip Code	
Email Address:				
Course Title:				
Date(s) Offered:	Hours Requested:			
BOARD OFFI	CE COMPLETES THIS SE	ECTION		
Board Review Date:				
_ · ·	• Approval #	Approval # Approval Expires:		
Course certificates <i>must</i> include: • Board Review Date (above)	CERTIFICATES WITHOUT A COURSE APPROVAL			
 Board Review Date (above) Course Approval # (above), and 		NUMBER WILL NOT BE ACCEPTED!		
 Course Title as shown above. 				
Pending:				
Denied for the following reason:				
Not directly related to professional growth.	U Other:			